



Explanation of Review

Insured:

Patient:

Business Unit: Large Loss Unit PIP

440 Lincoln St
Worcester, MA 01615

Patient DOB:
Gender:

Hope Network Rehab Service
PO Box 890
Grand Rapids, MI 49518-0890

LOB: Auto
Site/Bill #: MI 49506
Reprice:
Billed Date:
Business Rcvd:
MBR Rcvd:
MBR Date:
Approved Date: 1
DOS From - To:



Network:

Network Branch:

Sub Network:

Contract:

Claim Rep.:

Vendor #:

PIN:

Historical Bill ID:

Pay Codes: REHA Rehabilitation Services

Coverage Type: PERSONAL INJURY PROTECTION

Treating Provider:

Referring Physician:

Patient Control #:

Provider Tax Id: 38-2481067

Claim #:

Processor Initials:

DOI:

RX Number:

Bill Comments

Per Primary Carrier EOB, this service is not a covered benefit. Allowed as primary.

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
05/03/2011	90808	1	11	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 45 \$193.00		\$65.36	\$127.64
05/09/2011	90808	1	11	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 75 \$241.00	1	\$81.35	\$179.65
05/11/2011	90808	1	11	PSYCHOTHER OV/OP-BEHV MOD/SUPPT 48 \$193.00	1	\$65.36	\$127.64
Sub-Totals for Bill:				\$827.00	1	\$192.07	\$434.93
Deductible Amount							
Totals for Bill:							\$434.93

This bill has been evaluated against the prevailing billing practices for medical providers within your geographic area. The reimbursement rate may therefore be different than the amount billed.

ICD9 Diagnosis

854.00 ICI Oth&UNS Nat W/O Opn ICW UNS Soc
Trauma - Indicated

Disbursement Information

Collateral
001

Amount
\$434.93

Trans. Type
REHA / Rehabilitation Services

APP

PAGE 04/05

PERSONAL INJURY PROTECTION

Processed: 04/11/2011
Page.....

CARRIER:

FARM BUREAU INSURANCE - PIP
PO BOX 30100
LANSING, MI 48909

RECEIVED APR 29 2011

CLAIM NUMBER.....
NAIC/SELF INSURED NUMBER:
TELEPHONE NUMBER..... 517-323-7000
BILL NUMBER.....

PROVIDER NAME/ADDRESS:

HOPE NETWORK REHAB SERVICE
PO BOX 890
GRAND RAPIDS, MI 49518

CLAIMANT NAME/ADDRESS:

FEIN / NPI NUMBER.: 38-2481067

PATIENT ACCOUNT NO:

DATE BILLED.....: 04/01/2011

DATE RECEIVED.....: 04/11/2011

CLAIM DATE.....: 08/30/2010

DATE REVIEWED.....: 04/26/2011

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Scheduled	Prof	Allowed	EB	EN
03/17/2011	11	97530	97530	OT THER ACTV D	781.2	0004	193.00	193.00	193.00	193.00		
03/17/2011	11	97140	97140	PT MNL THER TQ	719.41	0001	48.25	40.59	40.59	40.59	02	
03/17/2011	11	97110	97110	PT THER PX 1+	724.2	0003	144.75	144.75	144.75	144.75		
03/21/2011	11	97110	97110	OT THER PX 1+	781.2	0004	193.00	193.00	193.00	193.00		
03/21/2011	11	97140	97140	PT MNL THER TQ	724.2	0002	96.50	81.18	81.18	81.18	02	
03/22/2011	11	T2001	T2001	TRANSPORTAT	781.2	0001	26.00	0.00	0.00	0.00	78	
03/22/2011	11	97113	97113	PT THER PX 1+	781.2	0003	144.75	144.75	144.75	144.75		
03/24/2011	11	90806	90806	IPI-OB-M/S	309.28	0001	158.00	140.33	140.33	140.33	02	
03/24/2011	11	97140	97140	PT MNL THER TQ	724.2	0001	48.25	40.59	40.59	40.59	02	
03/24/2011	11	97110	97110	PT THER PX 1+	781.2	0003	144.75	144.75	144.75	144.75		

02 Recommended payment is based upon usual and customary charges for services in your zip code utilizing Fair Health effective 3/1/11. HCPCS codes and dates prior to 03/1/11 adjusted using Ingenix Medical UCR data.
78 Payment for special reports/services is at the discretion of the insurance company.

ME: 31.05

Billed	Scheduled	Prof	Allowed
3064.75	2812.80	2812.80	2812.80



EXPLANATION OF REVIEW

This is not a bill

CLAIM NUMBER		OFFICE NAME	State Farm Mutual Automobile Insurance Company Michigan PIP Office
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HOPE NETWORK REHAB SERVICE
PO BOX 890
GRAND RAPIDS, MI 49518-0890

DATE OF LOSS		CLAIM HANDLER	
NAME INSURED		ADDRESS	P.O. Box 2361 Bloomington 61702-2361
POLICY NUMBER		PHONE	(888) 888-7309x257-5517
JURISDICTION		TIN	382-48-1067
ZIP OF SERVICE			
BILL REFERENCE NUMBER		DATE RECEIVED	11/23/2010
DIAGNOSIS CODES	294.9 UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITION CLASSIFIED ELSEWHERE		

DRAFT NUMBER 104739947J

LINE	DATE OF SERVICE	POS	CPT/HCPCS	MOD/TS	UNITS	SUBMITTED AMOUNT	APPROVED AMOUNT	REASON CODES
1	10/14/2010	11	90808		1	241.00	188.67	7(4
2	10/28/2010	11	99199		10	260.00	0.00	SF
3	10/28/2010	11	90808		1	241.00	188.67	7(4

TOTAL SUBMITTED CHARGES *	742
TOTAL APPROVED AMOUNT *	377
AMOUNT NOT PAYABLE	0.
DEDUCTIBLE	0.
APPORTIONMENT/PRO RATA	0.
PAID AMOUNT	377.

EXPLANATIONS

6 The diagnosis reported by the provider is considered to be a non-specific code and requires additional documentation for consideration of reimbursement.

7 The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition. The insurer may request additional documentation from the provider if the relatedness is not clear.

41 The amount allowed is based on provider charges within the provider's geographic region. (*)

SF150 This service and or procedure billed is a non-covered item. If you wish to appeal, please provide statement of medical necessity and supporting documentation

PROCEDURE GUIDE

90808 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;

99199 Unlisted special service, procedure or report

The amount of the charges submitted has been reviewed. As a result of the review, the reimbursable amount is as reflected in our check. If you or the provider do not accept this check in discharge of the submitted claim, please notify us immediately. If the submitted claim becomes subject to creditor collection action or a lawsuit, notify us immediately so that we may provide other instructions and address the matter. These notices are provided in accordance with Insurance Bulletin 92-03

DATE :12/16/2010

Professional